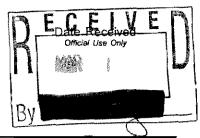
ALIFORNIA FORM 700 POLITICAL ES COMMISSION POLITICAL PRACTICES COMMISSION

CENTER STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

10 MAR -1 PM 4: 10

A Public Document



Please type or print in ink.

NAME (LAST) (FIRST)

(MIDDLE)

DAYTIME TELEPHONE NUMBER

IM STREET CITY MAILING ADDRESS (Business Address Acceptable)

THOMAS STATE ZIP CODE

OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court
Name of Office, Agency, or Court:
State of California
Division, Board, District, if applicable:
State Legislature
Your Position: Assembly member
State Assembly District 24
▶ If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)
Agency:
•
Position:
2. Jurisdiction of Office (Check at least one box)
☑ State
☐ County of
☐ City of
Multi-County
Other
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009.
Leaving Office Date Left:/(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
Candidate Election Year:

4. Schedule Summary		
➤ Total number of pages including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)		
Schedule B Yes – schedule attached Real Property		
Schedule C X Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D Yes – schedule attached Income – Gifts		
Schedule E Yes – schedule attached Income – Gifts – Travel Payments		
-or-		
No reportable interests on any schedule		

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

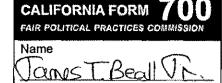


SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Sun Life	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
common shares	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Life I SUrance 6 Share	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income of \$0 - \$500	Partnership () Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	() Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACOUIRED DISPOSED	ACOURED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 · \$10,000 \$10,001 · \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$190,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500	Partnership () Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACOUIRED DISPOSED	ACOUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET MALLE	FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
_	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)	Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
11	
Comments:	

SCHEDULE A-2

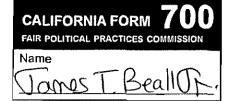
Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Trust, go to 2 Business Entity, complete the box, then go to 2	I flust, go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 · \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,900,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Provistorable Partnerable	Sole Proprietorship Partnership
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	TOOR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$10,001 - \$100,000 \$1,000 - \$1,000
S500 - \$1,000 OVER \$100,000	OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY / \ \ \	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
City of Other Precise Education of Real Property	only of other recise Location of Real Property
FAIR MARKET VALUE / IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$\$ \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Slock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)



	STREET ADDRESS OR PRECISE LOCATION	STREET ADDRESS OR PRECISE LOCATION
	CITY	CITY
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 09
	NATURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
	Leasehold Other	Leasehola Trs. Jemaining Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	/	
	/	
a	of business on terms available to members of the published loans received not in a lender's regular course of	lending institutions made in the lender's regular course lic without regard to your official status. Personal loans business must be disclosed as follows:
a	of business on terms available to members of the pub	lic without regard to your official status. Personal loans business must be disclosed as follows:
((of business on terms available to members of the published loans received not in a lender's regular course of	lic without regard to your official status. Personal loans business must be disclosed as follows:
6 8	of business on terms available to members of the bub and loans received not in a lender's regular course of NAME OF LENDER*	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
- E	of business on terms available to members of the bub and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
- E	of business on terms available to members of the published loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
7 -	of business on terms available to members of the published and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE Months/Years)	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None
7 -	of business on terms available to members of the published and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
7 - I	of business on terms available to members of the published and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
C a	of business on terms available to members of the bub and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

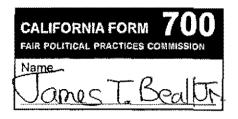
CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Name	
James T. Beal	

► 4LANCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sun Lite	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
POBOX 7010, Toronto Ontario	
BUSINESS ACTIVITY, IF ANY, OF SOURCE / CANADA .	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Life Insulance Shares	
YOUR BUSINESS POSITION	, YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S1,001 - \$10,000 S1,001 - \$10,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sate of	Sale of
(Property, car, boat, etc.)	(Property, car, boef, etc.)
Commission or Rental Income, fist each source of \$10,000 or more	Commission of Rental Income, list each source of \$10,000 or more
V Mildred from shake	
Other DIVIDENCE TOM Shares (Describe)	Other(Describe)
> 2, LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	00
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
· · · · · · · · · · · · · · · · · · ·	our official status. Personal loans and loans received
not in a lender's regular course of business must be o	disclosed as follows;
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
5500 - \$1,000	Gity
51,001 - \$10,000	Guarantor
\$10,001 - \$100,000	C Gravatius
OVER \$100,000	Other
	(Describe)

SCHEDULE D Income - Gifts

NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\[\(\frac{1}{2} \) \(\sigma \)
NAMÉ OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$\$
	\
AME OF SOURCE	NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
omments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE MY AT C TO A	NAME OF SOURCE
Notman Mineta San Jose Mitpoti Address (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1661 Airport Bowlevard	
San Jose (A 95110	CITY AND STATE
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Mirport Feb 20th, August 21st + sep 17-20th	
DATE(S):	DATE(S):
(If applicable) total for year TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift income
DESCRIPTION: Parking Pass for State	. ,
\sim	DESCRIPTION:
Dusiness only	
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	